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CONFIRMATION NO. 2651

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| SERIAL NUMBER 10/668,918 | FILING OR 371(c) DATE 09/23/2003 RULE | CLASS 600 | GROUP ART UNIT 3762 | ATTORNEY DOCKET NO. 59013-331609 |
|------------------------------------|---|---------------------|-------------------------------|--|

APPLICANTS

Clifton A. Alferness, Redmond, WA;

** CONTINUING DATA *****

This application is a CON of 10/367,346 02/13/2003 PAT 6,893,392 which is a CON of 10/084,806 02/25/2002 PAT 6,544,168
 which is a CON of 09/696,651 10/25/2000 PAT 6,375,608
 which is a CON of 09/483,466 01/14/2000 PAT 6,165,122
 which is a CON of 08/935,723 09/23/1997 PAT 6,077,218
 which is a CON of 08/720,556 10/02/1996 PAT 5,702,343

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **

** 12/16/2003

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|---|---|-------------------------------|----------------------------|--------------------------|--------------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY WA | SHEETS DRAWING 4 | TOTAL CLAIMS 8 | INDEPENDENT CLAIMS 1 |
| Verified and Acknowledged | Examiner's Signature <u>SE</u> Initials | | | | |

ADDRESS

25764

TITLE

Cardiac reinforcement device

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| FILING FEE RECEIVED 375 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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